

**Commonwealth of Virginia Emergency Operations Plan  
Emergency Support Function #8**

**Emergency Support Function – No. 8  
HEALTH AND MEDICAL SERVICES**

**Primary Agency:**

Department of Health (VDH)

**Support Agencies and Organizations:**

- American Red Cross (ARC)
- Department of Agriculture and Consumer Services (VDACS)
- Department of Behavioral Health and Developmental Services (DBHDS)
- Department of Environmental Quality (DEQ)
- Department of Game and Inland Fisheries (DGIF)
- Department of General Services (DGS)
- Department of Health Professions (DHP)
- Department of Military Affairs (DMA)
- Department of Social Services (VDSS)
- Virginia Hospital and Healthcare Association (VHHA)
- Virginia State Police (VSP)

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**Introduction**

**Purpose**

Emergency Support Function (ESF) #8 Public Health and Medical Services provides the mechanism for coordinated assistance to supplement local government and non-governmental resources in response to public health and medical care needs. Veterinary and/or animal health issues are included, as is the coordination of fatality management operations, when appropriate.

ESF #8 is coordinated by the Health Commissioner of the VDH.

**Scope**

ESF #8 provides supplemental assistance to local governments in identifying and meeting the public health and medical needs of victims of an incident. This support is categorized in the following core functional areas:

- Assessment of public health/medical needs (including behavioral health)
- Public health surveillance
- Medical care personnel
- Medical equipment and supplies
- Emergency Medical Services
- Environmental health monitoring and response
- Fatality management
- Support to mass care and public works emergency support functions
- Patient evacuation
- Patient care
- Safety and security of drugs
- Blood and blood products
- Food safety
- Agriculture safety
- Behavioral health care
- Potable water/wastewater disposal
- Veterinary medical support

As the primary agency for ESF #8, VDH coordinates the provision of all health and medical assistance to fulfill the requirements

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identified by the affected local governments or other appropriate authorities.

### **Mission**

The Health and Medical Services' mission is to coordinate the provision of critical services to protect the health of citizens and to provide medical, mental health and fatality management services as needed in disasters and large-scale emergencies.

### **Policies**

- The VDH is designated as the lead agency for Health and Medical Services. The Deputy Commissioner for Emergency Preparedness and Response (EP&R) is designated as the Coordinator for VDH emergency response.
- In order for VDH to respond in the most appropriate manner to emergencies declared by the Governor or President or, in any case the Commissioner deems it necessary to respond to a public health threat, the Commissioner will delegate additional operational authority over the agency's work units throughout the state to the Deputy Commissioner - EP&R utilizing the incident command system.
- VDH's response is performed by the following principal central office divisions and offices: EP&R, Office of Epidemiology, Radiological Health Program (RHP), Office of Emergency Medical Services (OEMS), Office of Drinking Water (ODW) and Office of the Chief Medical Examiner (OCME), and is supported by the DBHDS.
- VDH's response capability is provided through the Central Office staff in Richmond, regional teams and field offices, the 35 local health districts and their respective local health departments, and by the OCME District Offices.

- The VDH Emergency Coordination Center (ECC) and the local Health Department Operations Centers serve to support the state and local Emergency Operations Centers.
- VDH is the principal agency for ESF #8, Health and Medical, for ongoing federal and state public health medical expertise.
- VDH supports ESF #3, Public Works & Engineering, through the Office of Drinking Water.
- VDH coordinates zoonotic disease response (diseases that can be transmitted from vertebrate animals to humans, e.g. rabies, anthrax, or ringworm).

### **Support Agencies**

- A. State agencies that have major support functions for Health and Medical Services include:
- Department of Agriculture and Consumer Services: Provides appropriate personnel, equipment and supplies for deployed public health and medical teams. Provides support for public health matters for radiological incidents. Supports multiagency response to a domestic incident as necessary and appropriate.
  - Department of General Services: Provides resource support for ESF #8 requirements and Strategic National Stockpile (SNS) warehouse operations as requested to meet the needs of the affected population.
  - Department of Health Professions: Provides information and advice on the delivery of safe and competent health care by licensing qualified health care Professionals, enforces standards of practice and provides information to

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practitioners and consumers on health care services.

- Department of Behavioral Health and Developmental Services: Responsible for the coordination and provision of mental health services to include crisis counseling in emergencies.
- Department of Military Affairs: Provides available logistical support to public health/medical response including medical personnel for casualty clearing/staging and other missions as needed like aero-medical evacuation and medical treatment. Provides available medical personnel to assist ESF #8 in the protection of public health (such as food, water, wastewater, solid waste disposal, vectors, hygiene and other environmental conditions. Provides assistance, as available, in managing human remains, including victim identification and mortuary affairs and temporary internment of the dead.
- Department of Social Services: Provides direction, support and advice on mass care sheltering services.
- Virginia State Police: Provides security for SNS, secure movement of needed blood and blood product supply, and quarantine enforcement assistance, if necessary. Establishes an adult missing persons call center and assists in disposition of cases. Shares missing person data with ESF #8 in support of identification of the dead and seriously wounded. Supports local death scene investigations and evidence recovery.
- Department of Game and Inland Fisheries: Assists VDH with investigation of zoonotic disease outbreaks.
- Department of Environmental Quality: Provides technical assistance and information on the environment

including atmospheric release of radioactive and hazardous materials and information on protective actions.

- B. Several voluntary and private organizations provide specific health and/or medical support or response teams in emergencies based on their charters and authorities. They include:
- American Red Cross
  - Virginia Association of Volunteer Rescue Squads
  - Virginia Funeral Directors' Association
  - Virginia Hospital and Healthcare Association
  - Virginia Veterinary Medical Association
  - Community Service Boards (community mental health services)
  - Regional Emergency Medical Services (EMS) Councils

#### Organization and Assignment of Responsibilities

- A. Field operations are carried out by VDH Local Health Districts, local EMS agencies, local Community Services Boards and specialized regional teams tasked with hazard-specific duties. District Health Directors and other field responders are part of local emergency management programs and will respond as indicated in local emergency operations plans.
- B. Disaster Health and Medical Services coordinated by VDH include critical services in the areas below.
- Prevention of Disease to include surveillance and investigation of diseases and other conditions, implementation of intervention measures and environmental and water quality response.

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- Medical Supplies, Equipment and Dispensing provide life-saving pharmaceuticals and medical supplies with or without the activation of the SNS.
- Mass Patient Care to include pre-hospital emergency medical services, hospital care and partnership with the intra-state aid and the National Disaster Medical System.
- Emergency Mental Health Services includes crisis counseling managed by DBHDS.
- Fatality Management operations and coordination to include post mortem disease surveillance, death scene management operations, forensic examinations and collections, victim identification services and ante-mortem data collection with oversight provided by the OCME.
- Providing guidance and technical assistance regarding emergency evacuation of People With Special Medical Needs.
- Assessment of Public Health and Medical needs to include support of regional and local teams, the needs of at-risk population groups such as language assistance services for limited English-proficient individuals and accommodations and services for individuals with disabilities.
- Patient evacuation in cooperation with Federal, local and private organizations. Assist with the planning for and coordination of transporting seriously ill or injured patients and medical needs populations from casualty collection points in the impacted areas to designated reception facilities, as needed. Assist local and Federal responders with a coordinated response in support of emergency triage and pre-hospital treatment, patient tracking, and distribution.
- Together with ESF #6 (Mass Care), ESF# 9 (Search and Rescue), and ESF # 11 (Agriculture and Natural Resources) ensure an integrated response to provide for the safety and well-being of household pets and service and companion animals.

### **Concept of Operations**

- A. The Commonwealth plans for health and medical services are predicated upon the concept that emergency operations begin at the city and county level. District health directors, local emergency medical services agencies, local medical examiners and local mental health services providers will respond in accordance with their jurisdiction's plans. State assistance will be provided upon request when emergency or disaster needs exceed local capabilities.
- B. Agency plans and procedures for the Department of Health and supporting agencies define the roles of agencies and support organizations in mitigation and preparedness, response and recovery of a disaster or major emergency. They establish the concepts and policies under which all elements of their agency will operate during emergencies. They provide the basis for more detailed appendices and procedures that may be used in an emergency response.
- C. District Health Departments have been assigned emergency response and recovery duties and responsibilities and are required to develop and maintain an all hazards plan(s) as part of the local government and VDH plans. Hazard specific annexes to the VDH plan will

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contain more detailed procedures as needed, to include increased readiness action checklists and specific reporting requirements.

- D. The VDH OCME maintains plans and procedures for management of mass fatalities under its jurisdictional authority for the state. Local and District Health Departments will refer to the OCME fatality management plan for deaths under Medical Examiner jurisdiction. As the Commonwealth's subject matter expert (SME) in fatality management, the OCME provides written guidance for localities on fatality management operations for deaths resulting from a naturally occurring disease outbreak, which are the responsibility of the locality.
- E. VDH generally maintains agency-specific response plans on its internal website for staff use. Selected plans of public interest, e.g., the Pandemic Influenza Plan, may be made available on the external, publicly accessible website at the discretion of agency leadership.

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**Section 1: Prevention of Disease**

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- A. The VDH Office of Epidemiology is responsible for developing plans and procedures for the surveillance and investigation of all reportable diseases, as well as emerging infectious diseases of public health importance. The VDH Office of Epidemiology and local health districts will disseminate plans and procedures as appropriate, and will manage resources and provide technical assistance in accordance with these plans.

VDH has developed emergency operations plans and procedures to:

- Maintain a surveillance system for the early detection of communicable diseases and other events of public health importance;
- Ensure the appropriate investigation of cases, contacts and/or other affected parties during an event of public health importance;
- Improve the ability of staff to make rapid decisions in a public health emergency;
- Implement measures to reduce the secondary transmission of communicable diseases during a public health emergency;
- Establish the capability to implement isolation or quarantine measures as needed during an event of public health importance;
- Maintain standards and monitor safety of food and water during an emergency; respond in a radiological emergency, and, provide support to Public Works

and Engineering for water and waste water programs;

- B. The Division of Surveillance and Investigations, in coordination with hospital authorities, is responsible for developing plans and procedures for the surveillance and investigation of emerging infectious diseases. The OCME has plans for sudden and unexplained deaths in Virginia which could be an emerging infection posing a public health threat.

- C. The OCME has a statutory requirement to assume jurisdiction over deaths suspected of being due to:

- Infectious diseases originating from either a bio-terrorism event or the initial presentation of an emerging infection leading to an epidemic. The OCME does not have jurisdiction over clearly natural deaths due to natural disease under non-suspicious circumstances, e.g. influenza deaths.
- Natural events (e.g., hurricane, earthquake) as well as nuclear, biological, chemical or other mass fatality events.
- Homicidal, suicidal, accidental or undetermined causes related to a mass casualty event. Bioterrorism deaths are homicides.
- The OCME will also act as the SME for all Fatality Management Operations in the Commonwealth.

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- D. The VDH will disseminate and manage resources as well as provide technical assistance in accordance with these plans.

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**Section 2: Medical Supplies, Equipment and Dispensing**

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- A. VDH is responsible for coordinating the availability of emergency life-saving pharmaceuticals and/or medical supplies to the general public, hospitals, healthcare providers and partner agencies. A limited quantity of pharmaceuticals, nerve agent antidotes and medical supplies are maintained for this purpose through various mechanisms such as the State Pharmacy, local Health Departments, Metropolitan Medical Response System (MMRS) caches, Chempacks, etc. Once local and state resources are deemed insufficient to accommodate the situation, VDH will activate the Commonwealth's SNS Plan, and through that plan, request Federal SNS Program assistance.
  - B. The SNS is a federal program whose mission is to provide large quantities of essential medical items to States and communities when their capability to provide for life-saving pharmaceuticals and/or medical equipment has been or is reasonably expected to be exceeded. The program is administered by VDH in cooperation with VDEM and other partners.
  - C. The activation of the SNS is initiated through the city or county emergency operations center, in collaboration with the local Health Director (if time permits), to the Virginia Emergency Operations Center (VEOC). The VEOC, acting on behalf of the Governor, will collaborate with the State Health Commissioner/designee and formally request the Stockpile through the Centers for Disease Control.
  - D. Health Districts have the responsibility for the establishment of dispensing sites. Staffing and operation of the dispensing sites is the responsibility of the Health District and city or county government.
  - E. VDH, in conjunction with VDEM, VSP, Virginia Department of Corrections, Virginia National Guard and other support agencies will coordinate on the overall SNS function.
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### Section 3: Mass Patient Care

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- A. On the state level VDH, through the OEMS and the Regional Hospital Coordinating Centers, is responsible for coordinating the provision of resources to assist localities in the provision of effective, rapid medical care after a mass casualty event that exceeds the localities' capabilities. The EMS system during a Mass Care Incident consists of licensed emergency medical services agencies, trauma centers and hospitals (with operating emergency departments, as well as hospital surge capacity), deployable specialized medical teams, related health facilities capable of supporting emergency care and the fatality management system and federal assets.
- Local emergency medical services: government, commercial, and volunteer agencies. Pre-hospital care is provided by ambulance and rescue organizations, and by combination agencies.
  - Hospitals: Acute care hospitals include Level I, Level II and Level III Trauma Centers. Other acute care hospitals not designated as trauma centers offer emergency care at varying levels of complexity and include three federal operated Veterans Administration hospitals which will be available for the treatment of non-veteran patients during a federally declared disaster.
  - Regional Organization: Regional Emergency Medical Services Councils and Regional OEMS Program Representatives provide knowledge of the local resources available to assist with regional mutual aid response.
- B. Hospital Coordination
- Hospitals are organized, for planning and response, into six regions. Each region has identified a Regional Healthcare Coordinating Center (RHCC). In response to an event requiring coordination of information and/or medical resource allocation among hospitals within a region or among hospital regions, the RHCC will be activated for emergency coordination.
  - The role of the RHCC is to assess the current capacity, capability and resource needs of the regional hospitals and appropriately re-allocate medical material, equipment and personnel within the region. If regional resources are insufficient to meet current or projected needs, the RHCC requests support from other hospital regions.
  - VDH will monitor hospital status from the VDH ECC, facilitate the inter-regional re-allocation of medical resources and initiate the appropriate resource request for interstate or federal support to the VEOC via the ECC ESF-8 desk.
  - Each hospital region's RHCC will be activated when local conditions dictate and as indicated by the need to disseminate emergency information to all regional hospitals or among RHCCs and the VDH. The RHCC structure is in addition to and does not replace the relationships and coordinating channels established between the individual

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health-care facilities and their local emergency coordinating centers and/or health department officials. This structure is intended to enhance the communication and coordination of specific issues related to the healthcare component of the emergency response system at both the regional and state levels.

- C. State Organization:  
The Office of EMS coordinates Health and Medical Emergency Response Teams (HMERT) that include EMS Task Forces and Responder Rehabilitation Strike Teams comprised of all volunteer staffing. When available, these teams can deploy with vehicles and personnel to support and/or augment

EMS resources in an affected locality.

- D. Mutual aid and Federal Organization:  
Additional medical resources, patient evacuation, mortuary and veterinary assistance, and other support may be needed to accommodate a response. These may be made available through state resources, e.g., statewide mutual aid, as well as EMAC and federal avenues. These resources, if needed, will be requested through the VEOC.

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Section 4: Emergency Mental Health Services

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The DBHDS is responsible for the coordination of and provision of mental health services to include crisis counseling in emergencies.

These services are to be provided by the DBHDS and the community services boards across the Commonwealth.

In the event of a major disaster, the DBHDS will conduct or implement the following actions:

- A. Assure that the state's DBHDS facilities and community services boards are aware of their responsibilities in the event of a major disaster, participate in local emergency services planning activities, and have in place necessary procedures and plans for responding to major disasters.
- B. Direct the state's DBHDS facilities to implement their emergency preparedness plans, to include provisions for relocating patients/residents as required.
- C. Direct the state's DBHDS facilities and community services boards to establish liaison with local governments and to assist with local emergency operations, as appropriate. Implement crisis counseling services as agreed in local Emergency Operations Plans.
- D. Provide back-up assistance, on a standby basis, to those community services board staff who are providing crisis counseling services during a major

disaster. If needed, Community services board(s) in the disaster area should request DBHDS to coordinate with other community services boards in unaffected areas of the state in order to send additional crisis counseling staff to help in designated disaster area(s).

- E. Provide additional assistance as requested by the VDEM, within the capability of the Department, to include on-site visits to assess service needs and the provision of needed technical assistance.
- F. Provide support and assistance to community services boards and other local agencies, volunteer associations and federal agencies according to the capability of its facilities, during emergency operations.
- G. In the event of a major disaster, through mental health centers or other programs, provide crisis counseling services following a major disaster (if there is a Presidential disaster declaration authorizing the use of Stafford Act crisis counseling funding). The provision of these services shall be coordinated with DBHDS, local emergency management officials and VDEM.
- H. The Mental Health, Mental Retardation and Substance Abuse Emergency Response Plan is located on the Virginia DBHDS website.

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**Section 5: Mass Fatality Management**

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- A. VDH, Office of the Chief Medical Examiner, has a statutory responsibility to assume jurisdictional authority over all deaths in Virginia, which meet the following criteria:
- Suspected infectious diseases that may represent a bio-terrorism event or the initial presentation of an emerging infection that may result in an epidemic. (See Paragraph C below)
  - Accidental deaths during or following natural events (e.g., hurricane, earthquake) as well as nuclear, biological, chemical or other fatality events.
  - Homicidal, suicidal, accidental or undetermined causes related to a mass casualty event. (Bioterrorism deaths are homicides.)
- B. The Medical Examiner will assume jurisdiction over all of the deaths described above based upon the Code of Virginia § 32.1-277 to 32.1-288.
- C. OCME does not have jurisdiction over clearly natural deaths due to natural disease under non-suspicious circumstances, e.g. seasonal influenza deaths. OCME will investigate naturally occurring deaths which may represent an emerging infection that could pose a public health threat, but for any additional deaths once the agent is known, the decedent's physician is required to sign the death certificate for his/her patient. The OCME is available to act as the SME for the Commonwealth in a natural disease event and will assist law enforcement in decedent identification.
- D. The OCME will provide guidance on unusual circumstances in which deaths should be reported for investigation by the Medical Examiner system. To determine if avian influenza, pandemic flu, emerging infection or bioterror agent has arrived in Virginia, the OCME will take jurisdiction in a limited number of cases to establish the index case for the following situations:
- A death that meets criteria for an emerging infection and needs to be confirmed by culture of blood and tissues. This includes the first "native" cases of pandemic flu in Virginia.
  - Illness and death in an animal worker (e.g., poultry, swine) where illness is suspected as flu, to confirm whether or not flu had been contracted from animal exposure.
  - Any flu-like illness resulting in the death of a family member/companion of a poultry worker to prove human to human transmission. The worker should also be tested if not done so previously.
  - A death of an individual who has traveled to or from a high risk area.
  - The first diagnosed case in a hospital that needs documentation of virus in tissue.

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- E. For OCME deaths, the OCME will directly coordinate fatality operations with local and federal Law Enforcement, Emergency Medical Services, Hospitals, Incident Command, Federal Disaster Mortuary Operational Response Teams, local, state or federal Hazardous Material Teams, Funeral Directors and any other responding organizations/agency(ies) involved with fatality management. Local or District Health offices will report to the OCME if they become involved in fatality management operations.
- F. OCME will coordinate the documentation, numbering, collection, recovery, transportation, storage, examination identification and release of human remains to 'Next-of-Kin' for cases falling under OCME jurisdiction.
- G. When the OCME has jurisdiction, it will coordinate its activities at the scene with the lead investigative law enforcement or HAZMAT authority, at both the District and Central OCME offices. During augmentation or activation of the Virginia Emergency Response Team (VERT) the OCME will coordinate with the Virginia EOC and VDH ECC.

During times when the VEOC and VDH ECC are under normal operations the OCME will keep both informed of the situation and conditions of the event.

- H. Resource requests for OCME fatality operations will go directly to the ESF #8, Health and Medical Services at the state EOC. Operations Officers for the event will be notified of OCME requests to keep the local incident command staff and the local ESF #8 desk at the local EOC informed. Local governments are expected to provide all required services (Family Assistance Centers, fingerprinting, forensic photographers, etc.) to the OCME to identify decedents falling under their jurisdiction.
- I. OCME expects that agencies involved in a response may include but not be limited to some or all of the following: VITA, Division of Forensic Sciences, Department of Corrections, VDGIF, VDOT, VDEM and the Virginia Funeral Directors Association.

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**AUTHORITIES AND REFERENCES:**

Robert T. Stafford Disaster Assistance and Emergency Assistance Act, Public Law 93-288, as amended, Section 416.

**DEFINITIONS:**

Community Services Boards – Community mental health, mental retardation, and substance abuse services in Virginia are provided directly and contractually through 38 community services boards (CSBs), one behavioral health authority (City of Richmond), and one city department (City of Portsmouth). The whole state is covered by these organizations. They are established by cities and counties, singly or in combination. They serve 200,000 Virginians annually and their total budgets exceed \$430 million. They are legally considered agents of the local government(s) that established them.

Crisis Counseling – The application of individual and group treatment procedures which are designed to ameliorate the mental and emotional crisis and their subsequent psychological and behavioral conditions resulting from a major disaster or its aftermath.

Mass Fatality Event - May be defined as any incident involving 12 or more sudden, unexpected or violent fatalities or an event with the potential to produce 12 or more fatalities. Mass fatality events that come under the jurisdiction of the Medical Examiner are those due to violent or unnatural circumstances such as explosion, fire or plane crash or fatalities due to a terrorist attack.

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